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ABSTRACT

Most youth who commit suicide do not come to the attention of mental health authorities before their deaths. Therefore, there is a need for data based on the suicidal thinking and risk of nonclinical populations. In this study, 1,098 children and adolescents were tested in regard to suicidal thinking. Subjects read a scenario about a person in an adverse life circumstance and provided three responses concerning what the character was considering doing. Follow-up questions inquired as to whether the subject had ever thought about or engaged in the behavior he/she attributed to the character. Sixty-eight percent of the subjects attributed suicide to the character. Of these 749 subjects, 52% indicated that they had previously thought about suicide and 7% reported having made a suicide attempt. In some cases, the findings support conclusions cited in the literature; however, in other instances the results call into question common assumptions concerning youth at risk. Status characteristics were examined and a phenomenological analysis based on the subjects' verbatim responses was made. Combinations of problems, affective states, and family problems were paramount as the circumstances associated with the subjects' personal suicidal thinking. (Author/NB)

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A Phenomenological Study of Youth Suicide 1 & 2

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Abstract

Most youth who commit suicide do not come to the attention of mental health authorities before their deaths. Therefore, there is a need for data based on the suicidal thinking and risk of nonclinical populations. In this study, 1098 children and teens were tested in regard to suicidal thinking. The methodology consisted of having the subject read a scenario about a person in an adverse life circumstance. The subject was then asked to provide three responses concerning what the character was considering doing. Follow-up questions inquired as to whether the subject had ever thought about or engaged in the behavior he/she attributed to the character. Sixty-eight percent of the subjects attributed suicide to the character. Of these 749 subjects 52% indicated they had previously thought about suicide, and 7% reported having made a suicide attempt. In some cases, the findings supported conclusions cited in the literature; however, in other instances the results called into question common assumptions concerning youth at risk. Following an examination of status characteristics, a phenomenological analysis based on the subjects' verbatim responses is provided. Combinations of problems, affective states and family problems were paramount as the circumstances associated with the subjects' personal suicidal thinking.

A Phenomenological Study of Youth Suicide

Despite the gravity of the problem of youth suicide, we know very little regarding causes and associated circumstances. One area we are particularly ignorant about is the level of suicidal thinking and suicide attempt rates of youth in the normal population. Given that the vast majority of youth who go on to complete suicide do not, a priori, come to the attention of mental health professionals (Shaffer, 1974), it is important that we increase our knowledge of factors associated with the suicidal risk of persons in the normal population. While some researchers have reported that suicide attempters as a group differ from suicide completers across a number of social, psychological and risk dimensions (Wilkins , 1967), this does not negate the fact that a substantial proportion (40%) of youth who complete suicide have made previous unsuccessful attempts (Shaffer & Fisher, 1981). Furthermore, according to Shafii, Shahin, Whittinghill, and Derrick (1985) over 85% of the youth suicide completers they studied had communicated suicidal thinking prior to taking their lives.

There are a number of practical and ethical complications associated with research regarding assessment of suicidal risk in children. Researchers must be sensitive to the possibility that interviews with children where they are directly questioned about suicide, through interviews or survey instruments, might lead to a situation where the concept of suicide as a personal option is introduced to the child. In order to minimize these risks, the

investigators utilized an indirect assessment approach described by Bailey, Schmidt, Lackey, Campana, Stulberg, Baumgartner, Bohn, and Fortson (1985) which allowed for the collection of pertinent data without requiring the researcher to directly introduce the subject of suicide to the respondent.

A broad variety of both empirical and anecdotal information can be obtained using the methodology developed by Bailey et al (1985). The present study introduces a previously untapped use of the data which results from the preceding methodology. That is, this study shows how the data can be utilized to obtain a perspective of the respondents' phenomenological view of suicide.

METHOD

Subjects

The subject population consisted of 1098 children and adolescents. The age range was 11 to 20 years with a median age of 16 years. All subjects were in public schools - grades 6 through 12. Students from over twenty different schools participated in the study. The numbers and percentages of the 1084 subjects who provided data which allowed classification according to grade were as follows: sixth 39 subjects, seventh 42 subjects eighth 37 subjects, ninth 110 subjects , tenth 345 subjects, eleventh 302 subjects, and twelfth 209 subjects. Fifty-four percent of the subjects were female and 46% were male. Fifty-seven percent of the respondents were Non-Hispanic Caucasians (here after simply referred to as Caucasians), 20%

were Blacks, 19% were Hispanics, 1% were classified as other, and 3% did not provide data concerning their ethnic origin. Approximately 60% of the subjects lived in rural/small town settings and 40% resided in large cities.

Procedure

All subjects were informed of the general procedures of the research. However, the topic of suicide was not explicitly introduced. The procedure was identical to that used by Bailey et al. (1985). This methodology presents the subjects with a brief description of a fictional character who is experiencing an adverse life circumstance. Each subject read one of eighteen scenarios. The scenarios varied by the age of the character (same age, teen aged, or elderly), the sex of the character, and type of adverse circumstance experienced. Following the scenario the subject was asked to describe three things the character would be considering doing as a result of his/her situation. After this response, the subject was asked if he/she had ever thought about or engaged in the activity she/he attributed to the character. Furthermore, if applicable, the subject was asked to describe when and what circumstances led them to think about or do the actions they attributed to the character.

RESULTS

The data was coded as to whether the subject attributed suicide as an option the character would be considering or would engage in. It was determined that of the 1098 subjects 68% percent attributed suicide to the scenario characters. Of the 749 subjects who attributed suicide to the character, 713 provided enough complete data to be included in all subsequent analyses. Of these 713 youth 375 were females (53%), and 338 were males (47%). The males and females in this group differed significantly according to whether they reported having personally thought about suicide. Fifty-nine percent of these females responded that they had thought about suicide, and 49% of the males indicated they had thought about suicide, $X^2 (1, N=713)=6.12, p>.05$. There were no differences in reported attempt rates. Twenty-four females (6.4%) indicated that they had made a suicide attempt, and 24 males (7.1%) reported an attempt.

Ethnic differences in personal suicidal thinking, but not attempt rates were also obtained. Blacks were significantly less likely to report having thought about suicide. The rates for suicidal thinking by ethnicity were: Hispanics (62%), followed by Caucasians (56%) and Blacks (39%), $X^2 (2, N=713)=14.90, p<.001$. Attempt rates by ethnicity were Caucasians 6.5%, Blacks 6.7%, and Hispanics 7.5%.

Statistically significant differences were not obtained in the grade comparisons in regard to personal suicidal thinking or

attempts. However, a markedly higher percentage of youth in the sixth grade indicated that they had never thought about suicide (71%) compared to an average of 47% in grades 7 thru 12.

Comparisons according to urban versus rural status were significant for suicidal thinking, but not attempts. Youth in urban communities reported having previously thought about suicide more frequently than rural youth, 61% and 52%, respectively- $X^2 (1, N=642)=3.80, p>.05$.

The subjects descriptions of the circumstances which led them to think about or consider suicide were classified according to specific and general categories. Classification was based on heuristics; however, concordance rates for three independent raters based on a random subsample of 70 subjects yielded an agreement rate of 96% for the eight general categories and 92% for the specific categories which occurred in the subsample. An ordinal ranking for the 713 subjects who attributed suicide to the scenario character for the eight general categories was as follows: No response or a denial of personal suicidal thinking (53%), Combinations of categories (12%), Affect (12%), Family problems (11%), Other or idiosyncratic responses (6%), Social or School problems (4%), Peer problems (2%), and Death (1%). For the 388 subjects who reported they had personally thought about or attempted suicide the general categories were as follows: Combined problems (23%), Affect (21%), Family problems (21%), Nonrelevant responses (13%), Other or idiosyncratic problems (11%), Social or School problems (7%), Peer problems (3%), and Death (2%).

Given the low frequency ($N=6$) of death responses (most frequently death of a parent or friend, but on one occasion death of a pet) this category was recoded to be included in the category Other for subsequent data analyses. Furthermore, the 50 Nonrelevant responses were eliminated from consideration in the following analyses. Based on these criteria 338 responses were available for analyses. Of these responses 88 (26%) were Combinations of two or more categories; 83 (25%) were responses that primarily communicated the subjects Affect (depression, anger, loneliness, etc.); 80 (24%) were concerned with Family problems (poor communication, abuse, lack of parental concern, etc.); 48 (14%) were rated as Other (idiosyncratic, death, manipulation, escape, etc.); 26 (8%) related to Social or School problems (grades, legal difficulties, pressures, etc.); and 13 (4%) were related to Peer problems (lack of friends, boy friend/girl friend rejection, etc.).

In comparing male and female responses according to general categories significance was obtained, $X^2(3, N=338) = 14.76$, $p < .05$. Females tended to relate more Combined problems (31% vs. 18%) and peer (primarily boy friend) problems (5% vs. 3%). Whereas, males more frequently communicated Other (primarily escape and nonelaborated) responses (19% vs. 11%) and Social problems (12% vs. 5%). No consistent differences were obtained in regard to grade, urban vs. rural status, or ethnicity by general category.

DISCUSSION

Given that 68% of the subjects attributed suicide to the scenario character the methodology was clearly effective for enabling the researchers to obtain important follow-up information concerning personal suicidal thinking of young persons.

Suicide Attempters

The data regarding personal suicidal thinking and behavior reveals a problem which warrants great concern. The literature provides us with very little in the way of comparative data for determining the characteristics of youth in the normal population as they relate to suicidal thinking and risk. Most statistics and descriptions are derived from extrapolations based on clinical populations or youth who have come to the attention of medical personnel (Weissman, 1974). However, Smith and Crawford (1984), found that among the teenagers they surveyed, approximately 90% did not receive medical attention following their self-reported suicide attempts. Given these facts, one must question generalizations and estimates based on medical records, psychiatric populations and/or emergency room episodes.

It is particularly difficult to ascertain the rates of suicidal thinking and/or attempts of secondary school aged youth in the normal population. The only published estimates based on survey data are those by Ross (1985) and Klagsbrun (1976). Neither of these authors provides an adequate description of

their survey methods or sampling procedures, and based on information available, their procedures appeared to be unsystematic at best. In an apparently more systematic, but unpublished survey, Smith and Crawford (1984) found that 8.4% of the 239 Kansas high school youth they questioned reported having made a suicide attempt. The percentage of respondents in our follow-up sample of 713 subjects who reported having made a suicide attempt (6.7%) is close to that obtained by Smith and Crawford.

The absence of difference in reported attempt rates in comparing male and female subjects was one of the most surprising findings of this study. The literature contains numerous statements which contend that females attempt suicide more frequently than males. Textbooks and other secondary sources typically report a female to male attempt ratio of 3:1 (Miller, 1984; Rathus & Nevid, 1986; Weiten, 1986). However, these and other authors seldom provide a source for their assertions. In the rare instances that a reference is given it is most frequently to another secondary source, to a biased sample, or to data collected outside of the U.S..

It is quite possible the supposed difference in attempt ratios is due to case finding methods and sampling procedures. For example, when hospital and emergency room studies have reported the base rates of admissions for males and females the ratios are generally similar to the suicide attempt ratios (Bridges & Koller, 1966; Parkin & Stengel, 1965), and when studies included a broad data set, such as information from

jails, the differences in male/female attempt rates does not obtain (Whitehead, Johnson, & Ferrence, 1973).

Not only are there problems with the data that report attempt ratios in the general population, but there are particular difficulties with references that discuss adolescent attempts. Here a frequently asserted finding is that 90% of all attempts by adolescents are by females. When one traces the source for this conclusion one finds it is based on studies by Lendrum (1933) and Piker (1938). Their data were obtained through emergency room and psychiatric admissions to General hospitals. Given that young females are much more likely to use hospital services and that neither study provided base rate data concerning admissions it is possible to question the meaning of their findings. Furthermore, in that their data is over 50 years old it is questionable whether their findings can be generalized to today's youth.

Based on the preceding preliminary review, and the findings of our study, there is support for the hypothesis that female to male attempt ratios have been overestimated in the literature. There is a clear need for epidemiological data to address this issue. Whether our findings represent an anomaly or will be supported awaits such future studies.

The lack of significant differences in attempt rates according to grade, ethnic origin, and urban versus rural status represents less of an enigma, but are no less interesting. It is quite probable that the absence of differences according to grade are at least partially a function of the methodology used. Given

the fact that data concerning attempt rates was only available from the subjects who attributed suicide to the scenario character, this resulted in a restriction of the sample, particularly in regard to subjects in grades six, seven and eight. What the data reveal is that once a child considers suicide to be a conceptual option, at least from the sixth grade on, he/she is as likely as his/her older peers to have made a suicide attempt. If this finding holds upon replication it is of augmented importance because it bears on the potential use of the scenario approach as a predictive instrument for identifying groups at risk to consider and/or attempt suicide. The attempt data concerning ethnic origin and urban versus rural residence is important because there is no published information which allows us to determine differences across these dimensions for youth in the normal population. As reported by Bailey (1982) there are many reasons to call into question common assumptions which have been made concerning differences in suicide completion rates in urban and rural communities. Furthermore, Hendin (1969) makes the point that suicide rates among Black youth are much higher than typically reported in the literature. Based on these studies and our data there is good reason to call into question assumptions concerning the relationship between ethnic origin and urban/rural residence and suicide attempts.

In summary, our data clearly show a need for additional research regarding youth and suicide attempts. The description of the typical suicide attempter as a suburban, Caucasian female could well be flawed and based on generalizations from

inappropriate data sets. While this may be the adolescent most likely to be documented as a suicide attempter in our emergency rooms (Weissman, Paykel, French, Mark, Fox, & Prusoff, 1973), or be admitted to a private psychiatric unit (Clendenin & Murphy, 1971), or less commonly, but still the most frequent client of this age group treated by a community mental health service (Schmidt, Mikeska, Bailey, & Marshall, 1985), it is quite possible that her Black sister or Hispanic brother is equally likely to have made a similar but undocumented suicide attempt.

We would be remiss if we failed to point out that the relationship between suicide attempts and suicide completions is a weak one at best. Given that most adolescents who complete suicide have no known attempt history (Shaffer, 1974), and that some authors have argued that suicide completers and attempters are largely independent populations (Davis, 1967) we must temper any speculations that our finding concerning youth attempt rates have a direct bearing on children or adolescents at risk for suicide completion. There is no doubt that most youth who attempt suicide do not wish to die. Most often the youthful attempter is making an appeal for help (Mattson, Seese and Hawkins, 1969), trying to regain parental love or attention (Orbach and Glaubman, 1979), or simply expressing rage (Cohen-Sandler, Berman and King, 1982) or frustration (Garfinkel and Golombek 1974).

Despite the preceding qualifications it should be noted that the single best predictor of suicide risk is a person having made a prior suicide attempt with 1% (Litman, 1974) or more (Garfinkel, Froese, & Hood, 1982) of persons who are hospitalized for having made a suicide attempt going on to complete suicide. While most persons who threaten suicide do not go on to complete suicide and most children who complete suicide are not known by clinical professionals to have attempted suicide or to be at suicide risk; still, suicidal behavior is a risk factor. For example, Shaffer (1974) found that 46% of the 31 children he studied, all of whom completed suicide, either discussed, threatened, or attempted suicide within 24 hours of their death. Given that this figure is most likely an underestimate it indicates that we need to attend to the suicidal communications of young persons. Furthermore, regardless of the relationship between suicide attempts and suicide completions, attempts represents a serious problem in and of themselves. That is, the attempter is making a grim statement regarding their inability to cope with their current situation. Additionally, suicide attempts are an important phenomena because suicidal behaviors are frequent causes for children and/or adolescents being admitted to inpatient psychiatric units (Toolan, 1981), and once admitted are likely to stay longer, and need additional care upon discharge (Mattson, et al, 1969).

Suicidal Thinking

The fact that 52% of our follow-up subjects reported having thought about suicide shows this is a problem many of our youth have contemplated. There is no question that a cautionary stance must be taken in regard to assuming there is any relationship between a youth reporting he/she thought about suicide and possible suicidal risk. Given the tenuous relationship between suicide attempts and suicide risk, the correlation between having thought about suicide and risk is even more speculative.

The females in our sample were more likely to report that they had thought about suicide (58%) than the males (47%). This is similar to the results obtained using a college student sample by Campana, M., Gibson, J., Bailey, B., & Lackey, J. (1985). Furthermore, the college data showed that females were more likely to indicate that their suicidal thoughts were of a serious nature. These data are consistent with the commonly assumed higher rates of female suicidal thinking and attempts, and lend some support to these notions. However, it should be noted that the differences obtained are nowhere near a magnitude of 15:1, and in fact do not even approach a magnitude of 2:1. Therefore, while providing some support for the idea that females think about suicide more frequently than males (or at least are more willing to communicate their suicidal thinking), there is little support for the assumption that these differences are anything other than small to moderate differences in degree.

The absence of differences in reported suicidal thinking

according to age/grade appeared to be primarily a function of sample size and methodology. That is, given that less than 30% of the sixth and seventh graders attributed suicidal thinking to the scenario character, less than 25 subjects from these grades were available for follow-up analyses. With this small N, and the variance existent across grades, differences did not obtain despite the fact that 55% of the eighth through twelfth graders, and only 43% of the sixth and seventh graders indicated that they had previously thought about suicide. These findings indicate that there is a need for additional data before firm conclusions can be drawn concerning differences in the probability of suicidal thinking for youth 11 to 19 according to age.

The data showed that Caucasians and Hispanics report thinking about suicide more frequently than Blacks. The similarity of the Hispanic subjects to the other Caucasians was not unexpected in that data collected by Campana et al (1985) had shown that Hispanic college students thought about suicide more frequently than Blacks and as often as their Non-Hispanic Caucasian peers. Still, the replicability and interpretation of our findings concerning ethnicity and suicidal thinking awaits further study.

The results concerning urban versus rural residence showed higher rates of suicidal thinking for the urban subjects. These findings may be a reflection of urban versus rural completion rates. However, particular caution is needed here. The need for circumspection is based on several circumstances: (1) the underlying assumption that urban and rural suicide rates differ

may be flawed; (2) local media, particular urban newspapers, much more frequently include accounts of suicides; (3) urban schools tend to be larger and there is a higher probability that a classmate will have attempted or completed suicide; and, (4) the general problem of assuming there is a relationship between self reports of having thought about suicide and suicide risk.

Phenomenology

It appears that the circumstances which youth associate with their suicidal thinking are quite similar regardless of age, urban versus rural status or ethnicity. Combined circumstances were most frequently mentioned as associated with suicidal thinking closely followed by affect and family problems. To a lesser degree, the subjects indicated that other problems, social/school problems or peer problems led them to consider suicide. In order to further clarify these circumstances we examined the data which was coded as combinations according to the general circumstances each response reflected. When this was done we found that family problems clearly predominated as a circumstance which our subjects reported as causing them to think about suicide. Of the 341 subjects who related a problem which could be coded as having been associated with their suicidal thinking 158 mentioned family problems, 111 communicated that an affective state was a major factor, 74 reported social/school problems, 61 responded that peer problems had led them to consider suicide and 56 provided responses which were coded as

other- totals exceed 341 because combinations of problems have been recoded to highlight the individual general categories reflected in these responses.

An appreciation for the phenomenological factors which youth attribute their suicidal thinking to can be obtained by examining the specific circumstances they associated with their suicidal thinking. Examples of the responses of a few of our subjects follow:

Family Problems

Problems at home can get a little ugly. Sometimes when something goes bad and you can't ever take care of it, you think of doing something drastic.

Cause when I was younger my parents didn't have enough time to spend with me cause of their jobs, they always argued and they put me in it too, but they've changed.

Family Problems, broken home, forced responsibilities, abandoning parent, poor health, no time for myself, and mostly because I didn't know what else to do. My parents are always yelling at me for something I didn't do. And my mother doesn't trust me.

I have thought about it because my parents and I do not get along at all. We fight all the time. I still do not like it at home. And I still think about suicide.

Well my mom cares more about her feelings than mine. If she loved me she wouldn't go back to a man that beats her.

Affective Disturbances

My death of my father (I saw him die), self pity, regular teen age problems, loneliness, I think too much: insecurity.[sic]

Loneliness causes me to wish my friends were over and talking about what we are going to do over the weekend.

The only time I think about killing is when I get a whipping and I get real mad.

Social/School Problems

Getting bad name at school, fights with friends for something I said and they didn't like it, not getting something I wanted.

My environment.

Bull from everyone I know.

Did crime and been caught, put on probation, working, but had no money. School was giving me a hard time.[sic]

I have had financial trouble earlier this year. I thought my answer out was to commit suicide. But it occurred to me, that suicide just was not worth it. Life is a precious thing to waste.

Peer Problems

I broke up with a boy friend who I loved. We were seeing each other a long time and I felt helpless without him.

I had a lot of boy friend problems and I just couldn't take it anymore.

Girl problems and friends turning against me.

Other Circumstances

Because it will solve your problems.

If I were to do it thought I would use a gun powerful enough to kill me so I wouldn't suffer.[sic]

When my father died.

I think about it when I hear of wars or when God is going to destroy the world.

I was very mad or hurt by someone and I just wanted pity or attention that I wasn't getting.

CONCLUSIONS

There are no short-cuts to developing an understanding of youth suicide risk. With over 5000 children and teens having taken their own life in 1985 (National Center for Health Statistics, 1986) we can not afford to ignore the problem. Our data show that youth report having thought about suicide as early as preschool. The circumstances associated with their suicidal thinking range from the death of a pet- "When my poodle died" - to the suicide attempt of a friend- "A friend recently tried to kill herself because she could not cope with all her problems.", or from problems at home- "My parents fightings, and saying I was the cause." [sic] to feelings of depression- "Because I got into a depression, I hated myself, I hated everybody." In addition to a wide spectrum of circumstances associated with youthful suicidal thinking our data shows risk for attempts is similar across the sexes, by age (for those who attribute suicide to a third person in adverse circumstances), by urban and rural residence, and by major categories of ethnicity.

There is no question that problems within the family predominate as circumstances associated with suicidal thinking. A typical response here was that of a 16 year old Black male who reported having attempted suicide: "When I am in trouble by my mother or when she fusses at me." or as an 11 year old Caucasian female, who indicated she had made several suicide attempts, responded: "I would like to do this when my mom and dad fight over me doing certain things.". Still, there is no question that

the most frequent responses were those that communicated combined problems. As examples here was that of an 18 year old female who reported having made a suicide attempt the previous year, "Boy relationships, feeling like nobody cares, fighting with parents.", and the response of a 16 year old male attempter, "Pressure, the thought of not being loved.". Finally, there are the responses that one can only view as frightening. An example is a subject who used all three of his attribution responses to indicate the scenario character would be considering suicide. For his three responses he wrote that the character would be thinking about: 1. "Killing himself."; 2. "Blowing his brains out"; and, 3. "Cutting off his head.". On the follow-up questions he reported that he had made several suicide attempts, and that he had first considered suicide while in preschool. In addressing the circumstances associated with his suicidal thinking he wrote: 1. "Anything I hate the world. The world hates me."; 2. "The world. I just might do it tonight."; 3. (this response was left blank).

The preceding examples illustrate a few of the many problems which lead children in the normal population to consider suicide. They serve to illustrate the potentially disastrous effects of seemingly commonplace events in the lives of children and teenagers. Furthermore, they also remind us to examine the suicide risk of those who experience more traumatic circumstances.

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